**To the Postgraduate Studies Committee of the Faculty of Philosophy, Sciences and Letters of Ribeirão Preto, University of São Paulo**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USP Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a postgraduate student that is regularly matriculated in the Postgraduate Studies Program in \_\_\_\_\_\_\_\_\_\_\_\_\_, ( ) Masters ( ) PhD ( ) Direct PhD level of this Faculty, respectfully request, in view of the attached document, credit transfer of the discipline described below, attended at the ( ) Masters ( ) PhD ( ) Direct PhD level of the do Postgraduate Studies Program in \_\_\_\_\_\_\_\_\_\_ , of which I am no longer a student.

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| **NAME OF THE DISCIPLINE** | **NUMBER OF CREDITS** | **ATTENDANCE PERIOD (Compulsory)** |
|  |  | \_\_/\_\_\_/\_\_\_\_ to \_\_/\_\_\_/\_\_\_\_ |

Ribeirão Preto, \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_.

Signature:

Agreed:

Advisor’s name:

Advisor’s signature:

Approved by the Program Coordinating Committee on \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_

Program Coordination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_